

# LIFEPAK® 20e Defibrillator/Monitor CONFIRMATION SHEET



**By signing below and returning to Physio-Control, you have acknowledged that you have received the notification letter titled “URGENT MEDICAL DEVICE CORRECTION – ACTION REQUIRED, LIFEPAK® 20e Defibrillator/Monitor” and that it has been delivered to sites, trainers and users of the LIFEPAK 20e device at your facility.**

Account #: _____ {End User} _____ {Name} _____ {City, State, Zip} _____ Attention: Risk Management	Completed By (Print Name): _____ Signature: _____ Phone #: (        ) _____ Date: _____ Email: _____	Please return completed form: <ul style="list-style-type: none"> <li>• By fax to: +31 43 808 0003</li> <li>• By email to: rsEMEAFA278@stryker.com</li> <li>• Or by mail to:            Physio-Control Operations Netherlands B.V.            Galjoenweg 68            6222 NV Maastricht            The Netherlands</li> </ul>
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Serial Number	Confirmed Possession	Never possessed the device	Device permanently disposed (scrapped) or retired from use	Device cannot be located	Device transferred to another location*	*Please provide the new address and new contact information
{EXAMPLE}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	